UNITED STATES OF AMERICA

GENERAL SERVICES ADMINISTRATION

DATE: December 6, 1976

REPLY TO ATTN OF: NCPMR-C

SUBJECT: Weisberg, Harold 32 484 933

National Personnel Records Center
(Military Personnel Records)
9700 Page Boulevard
St. Louis, MO 63132

Mr. Harold Weisberg
Route 12
Frederick, MD 21701

This is in reply to your request for your military service records made under the provisions of the Freedom of Information Act, as amended.

If your military record was on file here July 12, 1973, it would have been in the area that suffered the greatest damage in the fire on that date and may have been destroyed.

Prior to that date portions of your service records, Report of Separation and all available medical records were lent to the Veterans Administration under claim number 4 369 915. These records have been recalled from the Veterans Administration and copies are enclosed. We hope the enclosed documents will be helpful to you.

P. Chrisman

P. CHRISMAN
Chief, Records Reconstruction Branch

Enclosures

Keep Freedom in Your Future With U.S. Savings Bonds

WAGNER, HAROLD	32 484 933	Cpl	Active Service 26 Dec 42	M

Permanent Address For Mailing Purposes (Street and Number) — Date Of Birth

2322 No. Nottingham St, Arlington, Arlington Co, Va — 8 Apr 13

CIVILIAN EDUCATION

Highest Grade Completed	Last Year of Attendance	Highest Degree Received	Major Course of Study	Name And Address of Last School Attended
15	1935	none	English	Univ of Delaware Newark, Del

Other Training Or Schooling

Course	No. Hrs.	Course	No. Hrs.	Course	No. Hrs.	Course	No. Hrs.
none							

SERVICE EDUCATION

Service School	Course	Weeks	Rating	ARMY SPECIALIZED TRAINING PROGRAM: Institution Enrolled	Curriculum And Term	Weeks	Graduated Yes	Graduated No
none								
					none			

CIVILIAN OCCUPATIONS

Main Occupation (Title) LITERARY WRITER

Secondary Occupation (Title) none

As Free Lance Writer, wrote magazine articles exposing un-American activities and cartels. Interviewed witnesses, examined government and private records. Wrote "ghost" speeches. Was investigator, assistant secretary, editor or record of U.S. Senate Civil Liberties Committee (1936-39)

No. of Years	Last Date of Employment	Name and Address of Employer	No. of Years	Last Date of Employment	Name and Address of Employer
6	Nov 42	Self 313 H N. W., Wash. DC			

MILITARY SPECIALTIES

ASSIGNMENTS

Years	Months	Grade	Principal Duty	Code No	Years	Months	Grade	Principal Duty	Code No
	3	Pvt	Basic, GMP	521					
	9	Pvt	Military Policeman	677					
	3	Cpl	Writer, Military Subjects	(274)					

Summary of Military Occupation and Civilian Conversions (Shown by title)

WRITER, MILITARY SUBJECTS. Wrote and edited brochures. Supervised photography and art work.

LITERARY WRITER. REPORTER.

Summary of Military Occupation and Civilian Conversions (Shown by title)

MILITARY POLICEMAN. Did town patrol, supervised prisoner work details. Was guard at various military installations. Armed with shotgun, rifle, sub-machine gun or pistol.

INVESTIGATOR. DETECTIVE.

* This Information Based On Soldier's Statement

Date Of Separation	Signature of Soldier	Signature of Separation Classification Officer
17 Nov 44		

W. W. VON SCHLICHTEN, Maj, AGD
0-246 413

1. REGISTER NO. 211047

2. LAST NAME: Weisburg

3. FIRST NAME AND MIDDLE INITIAL: Harold

4. A. S. NO.: 32 484 933

5. GRADE	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pvt	BCPE	MP Bn	31

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	Pa	1-3/12	22 March 1944

13. SOURCE OF ADMISSION: Casual, Proper Sta: Baltimore Cargo Port of Embarkation, Md.

14. CAUSE OF ADMISSION

1. Strain, lumbo-sacral and left sacro-iliac joint, severe, accidetnally incurred while lifting an anchor in a boat in the summer of 1939 near Washington, D. C. EPTS
2. Pes planus, bilateral, second degree, symptomatic, cause undetermined. EPTS
3. Astigmatism, mixed, bilateral. Vision: OD 20/70, J-8; OS 20/200, J-8. Correctible to OD 20/30, OS 20/50. EPTS
4. Mumps, bilateral.

15. LINE OF DUTY: 1-2-3-No 4-Yes

16. INJURY CODE: NOT REQUIRED

17. ADDITIONAL DIAGNOSES, OPERATIONS

24 Mar 44: Additional diagnosis: Orchitis, acute, non-suppurative, right, moderate, secondary to mumps. LOD: Yes. Cured: 1 April 1944.
Hospital to convalescent facility 6 May 1944.

18. PLACE OF TREATMENT: HOSPITAL

19. DISPOSITION: Duty 1-2-3-Unimproved

20. DATE OF DISPOSITION: 30 June 1944

21. NAME OF HOSPITAL: WALTER REED GENERAL HOSPITAL Washington, D. C.

22. SENT WITH REPORT OF S. & W. FOR MONTH OF: June 1944

23. G. B. Kuhn, 1st Lieut, MAC
Medical Corps, U. S. Army.

Form 52
MEDICAL DEPARTMENT, U. S. A.
(Revised March 15, 1938)
10—10381

d

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 Left

LOWER TEETH

Right 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16 Left

CLASS IV

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia: Severe to Mild

Dental foci suspected: Yes No

Other conditions: Bone loss all sts.

Date ____, 19____

DDS

Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture (horizontal line)

Teeth replaced by fixed bridge (oval to include abutments)

10—20622

Cd. #1

REGISTER OF DENTAL PATIENTS AT

WRGH-CS 4/21/44 Wd. 60

(1) SURNAME (2) CHRISTIAN NAME

Weisberg Harold

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

Pvt M.P. Unass.

(6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

31 W Pa. 1 4/12 yr

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Dental Routine	1944 April 21	OCT

War Dept., A.G.O. This paper loaned Veterans' Administration

Dental Corps, U. S. A.

Form 79—Medical Department, U. S. A.
(Revised Feb. 25, 1941)
16—20622

W.H.C.

24. DATES OF TREATMENT IN CURRENT CASE

H C

YEAR 19 44	IN QUARTERS	IN HOSPITAL
January		
February		
March		10
April		30
May		5 26
June		29
July		
August		
September		
October		
November		
December		
Total		45 55

Aggregate patient days 100

10—16551

17-7-10 cs

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

(A 458053

1. Last Name—First Name—Middle Initial	2. Army Serial No.	3. Grade	4. Regiment, arm, or service
Weisberg, Harold	32484933	Cpl	MP

5. Permanent mailing address	6. Color	7. Age in years	8. Sex	9. Syphilis in S/R? Yes or No	Register I closed in S/R? Yes or No
2322 Nottingham St, Arlington, Va	W	31	m	no	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. Are you, at the present time, disabled or suffering from any wound, injury, or disease whether or not incurred in the military service. If yes, list those conditions first under item 11. — Yes or No: yes

11. List all significant diseases, wounds and injuries. State circumstances under which wounds or injuries were incurred. Answer yes or no in columns 1 to 4.

pes planus; defective vision; lumbo-sacral strain; x ray Walter Reed CH Jul 44

1 EPTS	2 AMS	3 IMS	4 PD
yes	yes	no	yes

RECORD OF PHYSICAL EXAMINATION

12. Psychiatric Diagnosis: none

13. Neurological Diagnosis: none

14. Eye abnormalities: mixed astigmatism strabismus OS 1x37 divergent strabismus OS

15. Ear, nose, throat abnormalities: right tympanum intact and normal perceptive type of deafness right

16. Skin: normal

17. Varicose veins: none

18. Hernia: no s

19. Hemorrhoids: none

20. Genito-urinary (and pelvic for women): normal

21. Venereal disease: none

22. Feet: pes planus 1st degree

Enter remarks or other defects (continue on back)

Date of examination: 14 Nov 44 — Location: Ft Dix NJ

23. Teeth—Indicate restorable carious teeth by O, nonrestorable carious teeth by /, missing natural teeth by X; teeth replaced by denture (horizontal line over) X as X X X and teeth replaced by fixed bridge (oval to include abutments) as (4 X 6)

RIGHT: 8 7 X 5 4 3 2 1 / X 15 X 13 12 11 10 9

EXAMINEES: 1 2 3 4 5 6 X 8 / 9 10 11 12 XXXXX 15 X

LEFT 3

24. Mouth and gum abnormalities: none

25. Musculoskeletal defects: sacro iliac strain chronic mild

26. Abdominal viscera: normal

27. Cardiovascular system: normal

28. Pulse: Sitting 82 — Immediately after exercise — Two minutes after exercise

29. Blood pressure: Systolic 146 — Diastolic 70

30. Urinalysis: Specific gravity 1.019 — Albumin neg — Sugar neg — Microscopic

31. Lungs: normal

32. Chest X-ray: negative

33. Endocrine system: obesity

Typed name and grade: WILLIAM F WACKER Capt

Signature: William F. Wacker

34. Dental prothesis; serviceability: partial lower serviceable

35. Vision — Uncorrected: Right eye 20/100, Left eye 20/200 — Corrected: Right eye 20/40, Left eye 20/40

36. Hearing: Right ear 12/15 — Left ear 15/15

37. Height (inches): 68 — Weight (pounds): 211

38. Enter special tests

39. Blood for serology has been sent to U. S. P. H. S.: NEGATIVE

Tilton CH Ft Dix NJ kahn

40. In your opinion will wound, injury, or disease result in: Disability? Untimely death?

Condition	Disability?	Untimely death?
25	yes	no

41. In your opinion was wound, injury, or disease incurred in line of duty?

Condition	Yes or No
	no

42. In your opinion does individual meet physical and mental standards for discharge? Yes or No: yes

If not, state why: 7 49

W. D., A. G. O. Form No. 38, 15 May 1944. This form supersedes all previous editions of W. D., A. G. O. Form No. 38, which will not be used after receipt of this revision.

! Prior to arrival at separation center
! Incurred or existed prior to entrance in military service
! Aggravated by military service
! Incurred while in military service
! Present physical defects
! When indicated

DISTRIBUTION:
Copy 1—To the adjutant general enclosed with S/R
Copy 2—Worksheet
Copy 3—Clinical laboratory slips

16—40743-1

632

Local Board Original
D. S. S. Form 88

LIMITED SERVICE
REPORT OF
PHYSICAL EXAMINATION AND INDUCTION

Local Board No. 9, Wilmington — 01 / 503 / 003
OCT 30 1942
8th & Wollaston Sts.
Wilmington, Delaware
(Local Board Date Stamp With Code)

First examination ☐ Second examination ☒ Third examination ☐ Fourth examination ☐
(To be filled in by local board clerk. Check number of examination made by local board)

Section 1—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

1. Name (page 1) HAROLD (First) None (Middle) WEISBERG (Last) — (To be filled in by Armed Forces) S 2484933 (Armed Forces Serial No.)
2. Address (page 1) 315 H St N. W. (Street or rural route) Washington (Town or city) (County) D. C. (State)
3. Social Security No. (Series I, line 5) None 4. Registrant's order number (page 1) 4173
5. Physical or mental defects or disease (Series II, line 1) Extremely poor vision - almost blind in left eye - frequently double. Flat foot
6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) no (Yes or no)
7. Education (Number years completed) (Series III): Elementary school 8 High school 4 Vocational school, college, or university 3
8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Writer, researcher and investigator
   (b) Duties (Series IV, line 2 (b)) none
   (c) Title of last job, if unemployed (Series IV, line 3)
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 6-8 months
10. Income (Series IV, line 2 (d)): Average weekly (Weekly, monthly, annual) earnings $ 50.00
11. Employment class (Series IV, line 2 (e)): Permanent employee ☐; Temporary employee ☐; Apprentice ☐; Independent worker ☒; Unpaid family worker ☐; Employer ☐; Student (Series IV, line 4 (a)) ☐
12. Business of present employer (Series IV, line 2 (g))
13. Marital status (Series VII, line 1): Single ☒; Widower ☐; Divorced ☐; Married, not separated ☐; Married, separated ☐
14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) none
15. Birthplace (Series IX, line 1) Philadelphia (Town or city) Pennsylvania (State) (Country)
16. Birth date (Series IX, line 2) April (Month) 8 (Day) 1913 (Year)
17. Race (Series IX, line 3): White ☒; Negro ☐; Other (specify)
18. Citizenship: United States citizen (Series IX, line 4) yes (Yes or no); Declarant alien (Series IX, line 7) (Yes or no)
19. Previous U. S. military service (Series XII): None ☒; Army ☐; National Guard ☐; Navy ☐; Marine Corps ☐; Coast Guard ☐
20. Type of discharge (Series XII): Specify
21. Date of registrant's affidavit (top of page 8) 23 (Day) June (Month) 1941 (Year)

Do Not Enter Anything In This Column

Residence, State	34
County	001
Place inducted	2212
Date inducted Day	14
Month	12
Year	42
Source	0
Nativity	32
Year of birth	13
Race/citizenship	1
Education	7
Occupation	006
Marital	6

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.
2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.
3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).
4. For registrants accepted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the Navy or Coast Guard, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the Marine Corps, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by Army, prepare F. B. I. Military Fingerprint Card.

ORIGINAL COPY

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816—25041-2

SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) .....

23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No ☐; Yes ☐

24. Serological test (syphilis): Date 11-5-42 Result Negative

Second serological test (syphilis): Date ..... Result .....

25. Examining physician's remarks .....

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) No (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) ..... (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician A. L. Heck

(e) Place Wilmington (Town or city) New Castle (County) Delaware (State) (f) Date 11-12-42

27. (a) This Local Board has classified the above-named registrant in Class 1-A

(b) Signature of Member of Local Board E. D. Carr

(c) Place Wilmington (Town or city) New Castle (County) Delaware (State) (d) Date 11-12-42

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

28. Nearest relative Sarah Weisberg (Other than wife or minor child. Name in full)

29. Relationship Mother 30. Address 122 Lincoln St., Wilmington, Del. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Same (Name in full)

32. Relationship ..... (If friend, so state) 33. Address ..... (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) None (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) None (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) Sarah Weisberg (Mother) 122 Lincoln St., Wilmington, Del. (If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) Gloria Weisberg (Sister) Same (If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

37. Signature of registrant Hank (First name) Gene (Middle name) Weisberg (Last name)

38. Witnessed at Camden, N. J. on Dec. 18, 1942, 19

C. H. Wheeler (Signature of witness attesting) C. H. Wheeler (Name) 1st Lt., Inf.

ORIGINAL COPY

Section IV.—PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out by the Medical Board at the Induction Station of the Armed Forces.)

Do Not Write in This Column

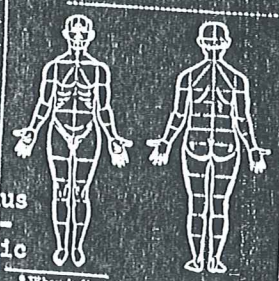
39. Eye abnormalities: Exotropia, os, myopic astigmatism, Amblyopia Exanopsia
40. Ear, nose, throat abnormalities: None
41. Mouth and gum abnormalities: None
42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

Examiner's

Right								Left							
8	7	X	5	4	3	2	1	1	2	3	4	5	6	X	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

(b) Remarks, including other defects: None
(c) Prosthetic dental appliances: Lower partial plate
(d) Remediable dental defects: None
43. Skin: Normal
44. Varicose veins: None
45. Hernia: None
46. Hemorrhoids: None
47. Genito-urinary (non-venereal): Normal
48. Venereal disease: Prostatitis non-specific 1937, Treated, Normal
49. Feet: Pes planus, 3rd degree, asymptomatic with eversion, flexible
50. Musculoskeletal defects: History of Arthritis, both knees, no swelling or loss of motion
51. Abdominal viscera: History of Kidney disease and Jaundice, 1935
52. Cardiovascular system: Normal
53. Lungs: Normal
54. Chest X-ray: Negative
55. Mental: Neurotic traits ND
56. Nervous system: Normal
57. Endocrine system: Normal
58. Other defects and/or diseases or other remarks: *, no swelling or loss of motion.
59. Summary of defects in order of significance: Myopic Astigmatism, Exotropia OS, Amblyopia Exanopsia, Pes Planus 3rd degree, asymptomatic with eversion flexible, Lower partial plate, Omno., ND., Neurotic traits ND, History of Arthritis both knees*

60. Vision, without correction:
(a) Right eye: 20/00
(b) Left eye: 20/400
61. Vision, with correction:
(a) Right eye: 20/40
(b) Left eye: 20/200
62. Color perception*:
63. Hearing:
(a) Right ear: 20/20
(b) Left ear: 20/20
64. Height: 68 inches.
65. Weight: 220 pounds.
66. (a) Girth, at nipples; inspiration: 44 inches.
(b) Girth, at nipples; expiration: 41 inches.
(c) Girth, at umbilicus: 39 inches.
67. Posture: Good [X] Fair [ ] Poor [ ]
68. Frame: Heavy [ ] Med. [X] Light [ ]
69. Color of hair: Brown
70. Color of eyes: Hazel
71. Complexion: Fair
72. Pulse, sitting: 72
73. Pulse, after exercise*:
74. Pulse, 2 minutes after exercise*:
75. Blood pressure:
(a) Systolic: 134
(b) Diastolic: 86
76. Urinalysis:
(a) Specific gravity: 1.023
(b) Albumin: None
(c) Sugar: None
(d) Microscopic*:
77. Other data:



* When indicated.

ORIGINAL COPY

~~635~~ 7 51

12.2.10

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

[A] 458053

1. Last name—First name—Middle initial	2. Army Serial No.	3. Grade	4. Regiment, arm, or service
Weinberg, Harold	32484933	Cpl	MP

5. Permanent mailing address	6. Color	7. Age in years	8. Sex	9. Syphilis in S/R? Yes or No	Register 1 closed in S/R? Yes or No
4322 Nottingham St, Arlington, Va	W	31	M	no	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. Are you at this present time disabled or suffering from any wound, injury, or disease whether or not incurred in the military service. If yes, list those conditions here and under item 11. — Yes or No: yes

11. List all significant diseases, wounds and injuries. State circumstances under which wounds or injuries were incurred. Answer yes or no in columns 1 to 4.

pes planus; defective vision; lumbo-sacral strain; x ray Walter Reed GH Jul 44

1 EPTS*	2 AMS*	3 IMS*	4 PD*
yes	yes	no	yes

RECORD OF PHYSICAL EXAMINATION

12. Psychiatric Diagnosis: none

13. Neurological Diagnosis: none

14. Eyes, normal: mild astigmatism strabismus OS 1937 divergent strabismus OS

15. Ears, nose, throat abnormalities: right tympanum intact and normal perceptive type of deafness right

16. Skin: normal

17. Varicose veins: none

18. Hernia: none

19. Hemorrhoids: none

20. Genito-urinary (and pelvic for women): normal

21. Venereal disease: none

22. Feet: pes planus 1st degree

Enter remarks or other defects (continue on back)

Date of examination	Location
16 Nov 44	Ft Dix NJ

23. Teeth—Indicate restorable carious teeth by O, nonrestorable carious teeth by /, missing natural teeth by X; teeth replaced by denture (horizontal line over) X as X X X and teeth replaced by fixed bridge (oval to include abutments) as (4 X 6)

EXAMINEES

RIGHT: 8 7 X 5 4 3 2 1 / X 15 X 13 12 11 10 9

LEFT: 3 / 1 2 3 4 5 6 X 8 / 9 10 11 12 XXXXX 15 X

24. Mouth and gum abnormalities: none

25. Musculoskeletal defects: sacro iliac strain chronic mild

26. Abdominal viscera: normal

27. Cardiovascular system: normal

28. Pulse

Sitting	Immediately after exercise	Two minutes after exercise
82		

29. Blood pressure

Systolic	Diastolic
146	70

30. Urinalysis

Specific gravity	Albumin	Sugar	Microscopic
1.019	neg	neg	

31. Lungs: normal

32. Chest X-ray: negatie

33. Endocrine system: obesity

Typed name and grade: WILLIAM F WACKER Capt

34. Dental prosthesis; serviceability: partial lower serviceable

35. Vision

Uncorrected Right eye	Uncorrected Left eye	Corrected Right eye	Corrected Left eye
20/100	20/200	20/40	20/40

36. Hearing

Right ear	Left ear
12 /15	15 /15

37. Height (inches): 68 — Weight (pounds): 211

38. Enter special tests

39. Blood for serology has been sent to U. S. P. H. S.: NEGATIVE

Tilton GH Ft Dix NJ kahn

40. In your opinion will wound, injury, or disease result in:

Condition	Disability? Yes or No	Untimely death? Yes or No
25	yes	no

41. In your opinion was wound, injury, or disease incurred in line of duty?

Condition	Yes or No
	no

42. In your opinion does individual meet physical and mental standards for discharge?

If not, state why	Yes or No
	yes

Signature: William F. Wacker

W. D., A. G. O. Form No. 38
15 May 1944
This form supersedes all previous editions of W. D., A. G. O. Form No. 38, which will not be used after receipt of this revision.

* Prior to arrival at separation center
† Incurred or existed prior to entrance in military service
‡ Aggravated by military service
§ Incurred while in military service
‖ Present physical defects
¶ When indicated

DISTRIBUTION:
Copy 1—To the adjutant general enclosed with S/R
Copy 2—Worksheet
Copy 3—Clinical laboratory slips

16—4074-1

632

SECTION IV.—PHYSICAL EXAMINATION RESULTS—Continued.

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

(a) _____ (Enter name of registrant if this subsection is applicable) is physically and mentally qualified for general military service.

(b) _____ (Enter name of registrant if this subsection is applicable) is physically and mentally qualified for general military service after the satisfactory correction of the following remediable defects: _____

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

(c) WEISBERG, HAROLD NONE (Enter name of registrant if this subsection is applicable), is physically qualified for limited military service only by reason of 1. Insufficient vision and Saero-liac strain

(d) _____ (Enter name of registrant if this subsection is applicable), is physically qualified for limited military service after the satisfactory correction of the following remediable defects: _____

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

(e) _____ (Enter name of registrant if this subsection is applicable) is physically and/or mentally disqualified for military service by reason of _____

(f) _____ (Enter name of registrant if this subsection is applicable) is disqualified for military service because of _____

(g) Signature L. Bases Medical Examiner. (h) Title Asst. Chief Medical Officer

(i) Name typed or stamped L. Bases, Capt., M. C.

79. (a) WEISBERG, HAROLD NONE (Enter name of registrant if this subsection is applicable) was this date inducted for (~~XXXXX~~limited) [strike out inapplicable word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) Army of the United States and ~~XXXXX~~ Trfd. to E. N. C.

(b) _____ (Enter name of registrant if this subsection is applicable) was this date rejected for service in the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place Camden, N. J. (d) Signature C. H. Wheeler

(e) Date Dec. 18, 1942 (f) Name typed or stamped C. H. Wheeler 1st Lt., Inf. (Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE

636

LIMITED SERVICE
REPORT OF
PHYSICAL EXAMINATION AND INDUCTION

Local Board No. 9, Wilmington 01 603
OCT 30 1942 003
8th & Wollaston Sts.
Wilmington, Delaware
(Local Board Date Stamp With Code)

First examination ☐; Second examination ☒; Third examination ☐; Fourth examination ☐
(To be filled in by local board clerk. Check number of examination made by local board)

Answer the questions to be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 10. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

(To be filled in by Armed Forces) S 2484933 (Armed Forces Serial No.)

1. Name (Series I): HAROLD (First) None (Middle) WEIGANG (Last)
2. Address (Series I): 315 1 St. N.W. (Street and house number) Washington (Town or city) D. C. (County) (State)
3. Local Board No. (Series I, line 5): 9
4. Registrant's order number (page 1): 4173
5. Physical defects or disabilities (Series II, line 1): Extremely poor vision - almost blind in left eye. Frequently double. Flat foot
6. Registrant is in institution, hospital, or asylum (Series II, line 2): No (Yes or no)
7. Education (Number of years completed) (Series III): Elementary school 8; High school 4; Vocational school, college, or university 3
8. Occupation (To which is present job is most closely related) (Series IV, line 2 (a), or Series V, line 1): Welfare researcher and investigator
9. (b) Duties (Series IV, line 2 (b)): same
10. (c) Name and address of last employer, if unemployed (Series IV, line 3):
11. (d) Date last employed in this work (Series IV, line 2 (c), or Series V, line 2): 6-8 months
12. (e) Average earnings (Series IV, line 2 (d)): Average weekly (Weekly, monthly, annual) earnings $ 50.00
13. Employment status (Series IV, line 2 (f)): Permanent employee ☐; Temporary employee ☐; Apprentice ☐; Independent worker ☒; Unpaid family worker ☐; Employer ☐; Student (Series IV, line 4 (a)) ☐
14. Business of present employer (Series IV, line 2 (g)):
15. Marital status (Series VII, line 1): Single ☒; Widower ☐; Divorced ☐; Married, not separated ☐; Married, separated ☐
16. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column): none
17. Birthplace (Series IX, line 1): Philadelphia (Town or city) Pennsylvania (State) (Country)
18. Birth date (Series IX, line 2): April (Month) 8 (Day) 1913 (Year)
19. Race (Series IX, line 3): White ☒; Negro ☐; Other (specify)
20. Citizenship: United States citizen (Series IX, line 4): yes (Yes or no); Declarant alien (Series IX, line 7) (Yes or no)
21. Previous U. S. military service (Series XII): None ☒; Army ☐; National Guard ☐; Navy ☐; Marine Corps ☐; Coast Guard ☐
22. Type of discharge (Series XII): Specify
23. Date of registrant's affidavit (top of page 3): 23 (Day) June (Month) 1941 (Year)

Do Not Enter Anything in This Column

Residence	
State	34
County	001
Place inducted	222
Date inducted	
Day	18
Month	12
Year	42
Source	0
Nativity	32
Year of birth	13
Race/citizenship	7
Education	7
Occupation	006
Marital	6

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.
2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.
3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).
4. For registrants accepted by the induction station of the armed forces: If inducted by the ARMY, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORPS, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by ARMY, prepare F. B. I. Military Fingerprint Card.

ORIGINAL COPY (PAGE 1) 633 o16—26941-2

[illegible] HISTORY, LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

[illegible] Registrant answer [illegible] above is "yes," when and for what ailment(s) _____

[illegible] Registrant been rejected or enrolled in the Civilian Conservation Corps: No ☐, Yes ☐

[illegible] (Serial) Date 11-5-42 Result Negative

[illegible] (Serial) Date _____ Result _____

[illegible] Registrant's health

30. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) No no (Answer yes or no) If answer is "yes," describe the defects, in order of significance

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)? (If in doubt, answer "no," and give details.) _____ (Answer yes or no) If answer is "yes," describe the defects, in order of significance

31. (a) I have examined the above-named registrant in accordance with Selective Service Regulations.

(b) Signature of examining physician A. L. Hook

(c) Place Wilmington (Town or city) New Castle (County) Delaware (State) (f) Date 11-12-42

32. (a) The local board has classified the above-named registrant in Class 1-A

(b) Signature of Member of Local Board E. D. Carr

(c) Place Wilmington (Town or city) New Castle (County) Delaware (State) (d) Date 11-12-42

[illegible] NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

33. Nearest relative Sarah Weisberg (Other than wife or minor child. Name in full)

34. Relationship Mother 35. Address 122 Lincoln St., Wilmington, Del. (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

36. Person to be notified in case of emergency Same (Name in full)

37. Relationship [illegible] 38. Address _____ (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

39. The persons eligible to be my beneficiary are designated below:

(1) None (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) None (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)

40. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) Sarah Weisberg (Mother) 122 Lincoln St., Wilmington, Del.

(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

41. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) Gloria Weisberg (Sister) Same

(If beneficiary is named in line 34 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

42. Signature of registrant Walt (First name) Lane (Middle name) West (Last name)

43. Witnessed at Camden, N. J. on Dec. 18, 1942, 19

C. H. Wheeler (Signature of witness attesting) C. H. Wheeler (Name of witness typed) 1st Lt., Inf. (Grade and organization)

ORIGINAL COPY

816—25641-2

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SECTION IV—PHYSICAL EXAMINATION RESULTS. (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out By the Medical Board at the Induction Station of the Armed Forces.)

39. Eyes: Exotropia, os, myopic astigmatism; Amblyopia Exanopsia

40. Ears, nose, throat: None

41. Mouth and teeth: None

42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

Right						Examiner's						Left
1	2	X	5	6	7	8	1	2	3	4	5	6	X	8
16	15	X	13	12	11	10	9	9	10	11/12	~~13~~	~~14~~	~~15~~	16

(b) Rate 4-F, including other defects: None

(c) Prosthetic dental appliances: Lower partial plate

(d) Remediable dental defects: None

43. Skin: Normal

44. Varicose veins: None

45. Hernia: None

46. Hemorrhoids: None

47. Genito-urinary (non-venereal): Normal

48. Venereal disease: Prostatitis non-specific 1937, Treated, Normal

49. Feet: Pes planus, 3rd degree, asymptomatic with eversion, flexible

50. Musculoskeletal defects: History of Arthritis, both knees, no swelling or loss of motion

51. Abdominal viscera: History of Kidney disease and jaundice, 1935

52. Cardiovascular system: Normal

53. Lungs: Normal

54. Chest X-ray: Negative

55. Mental: Neurotic traits ND

56. Nervous system: Normal

57. Endocrine system: Normal

58. Other defects and/or diseases or other remarks: *, no swelling or loss of motion.

59. Summary of defects in order of significance: Myopic Astigmatism, Exotropia OS, Amblyopia Exanopsia, Pes Planus 3rd degree, asymptomatic with eversion flexible, Lower partial plate, Omno, ND, Neurotic traits ND, History of Arthritis both knees*

Do Not Write in This Column

60. Vision, without correction:
(a) Right eye 20/00
(b) Left eye 20/400

61. Vision, with correction:
(a) Right eye 20/40
(b) Left eye 20/200

62. Color perception*

63. Hearing:
(a) Right ear 20/20
(b) Left ear 20/20

64. Height 68 inches.

65. Weight 220 pounds.

66. (a) Girth, at nipples; inspiration 44 inches.
(b) Girth, at nipples; expiration 41 inches.
(c) Girth, at umbilicus 39 inches.

67. Posture: Good [X] Fair [ ] Poor [ ]

68. Frame: Heavy [ ] Med. [X] Light [ ]

69. Color of hair Brown

70. Color of eyes Hazel

71. Complexion Fair

72. Pulse, sitting 72

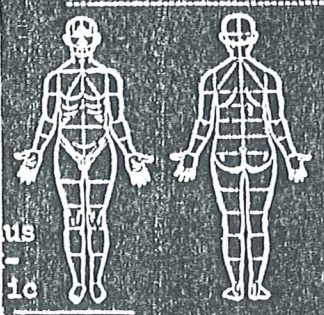
73. Pulse, after exercise*

74. Pulse, 2 minutes after exercise*

75. Blood pressure:
(a) Systolic 134
(b) Diastolic 86

76. Urinalysis:
(a) Specific gravity 1.023
(b) Albumin None
(c) Sugar None
(d) Microscopic*

77. Other data:



* When indicated.

ORIGINAL COPY (Page 3) 418—30941-6

[illegible] SECTION [illegible]—Continued

[illegible] personally examined, that the results of the examination have been correctly recorded [illegible] my knowledge and belief—

[illegible] (Name of registrant if this subsection is applicable) is physically and mentally qualified for general military service.

[illegible] (Name of registrant if this subsection is applicable) is physically and mentally qualified for general military service [illegible] correction of the following remediable defects: .....

[illegible] would have been accepted for general military service had the remediable defects herein specified been remedied [illegible]

[illegible] HAROLD NONE (Name of registrant if this subsection is applicable) is physically qualified for limited military service only by [illegible]

[illegible] insufficient vision and Sacro-iliac strain

[illegible] (Name of registrant if this subsection is applicable) is physically qualified for limited military service after the [illegible] correction of the following remediable defects: .....

[illegible] would have been acceptable for limited military service had the remediable defects herein specified been remedied [illegible]

[illegible] (Name of registrant if this subsection is applicable) is physically and/or mentally disqualified for military service by reason of [illegible]

[illegible] (Name of registrant if this subsection is applicable) is disqualified for military service because of .....

[illegible] (h) Title Asst. Chief Medical Officer

Medical Examiner.

[illegible] L. Bases, Capt., M. C.

[illegible] WEINBERG, HAROLD NONE (Name of registrant if this subsection is applicable) was this date inducted for (a) ~~XXXX~~ limited) [strike out inapplicable [illegible] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) ..... Army of the United States and ~~XXXX~~ Trfd. to E. R. C.

[illegible] (Name of registrant if this subsection is applicable) was this date rejected for service in the (fill in appropriate [illegible] Service, such as Army, Navy, Marine Corps, or Coast Guard) ..... of the United States.

(b) Place Camden, N. J. (d) Signature C. H. Wheeler

(c) Date Dec. 18, 1942 (f) Name typed or stamped C. H. Wheeler 1st Lt., Inf.

(Grade and organization)

SECTION V—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES

30. (a) Based on the entries in (b), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class .....

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class .....

(c) Place ..... (d) Date .....

(e) Signature of member of local board .....

FINGERPRINTS—RIGHT HAND

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE

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ORIGINAL COPY

(PAGE 4)

U. S. GOVERNMENT PRINTING OFFICE

DO NOT USE CODE

1. Last Name, First Name, Middle Initial: Weisberg, Harold

2. Register No.:

3. Army Serial No.: 32484933

4. Grade: Pvt

5. Organization and Arm or Service (if AAF personnel, see below)*: Casual, 2525th Service Unit

6. Age: 4/8/13

7. Race: W

8. Length of Service:

9. Date of Admission: Dec 11 1942

10. Source of Admission:

*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. Cause of Admission, Additional Diagnoses, Operations, Change of Status

7-24-44 Pes Planus, c metataralgia, bilateral, symptomatic.
Rx-To have wedges on outer halves of heels.
Chronic Sinusitis
Rx-Sulfath. & ephed. q 4 h.
Chronic prostatitis
Rx-massage
Duty SHB

7-27-44 Heels wedged
Rx-massage
Duty SHB

DUPLICATE

A TRUE COPY:

HENRY OSHRIN,
Captain, MC.

12. Line of Duty:

13. Disposition:

14. Date of Disposition:

15. Days Lost → Total | Hospital | Quarters

16. Name and Location of Reporting Installation:

17. Signature:

W. D., A.G.O. FORM NO. 8-24
1 July 1944

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)

16—40804-1 ☆ GPO

1. Register No.: 59423
2. Last Name: Weisberg
3. First Name and Middle Initial: Harold NMI
4. A. S. No.: 32484932
5. Grade: Pvt.
6. Company: A
7. Regiment and Arm or Service: 1229 RC
8. Age: 29
9. Race: W
10. Nativity: Pa.
11. Service: 17/365
12. Date of Admission: January 11, 1943
13. Source of Admission: Command
14. Cause of Admission: Nasopharyngitis, acute, catarrhal.
15. Line of Duty: Yes
16. Injury Code: NOT REQUIRED
17. Additional Diagnoses, Operations:
18. Place of Treatment: Hosp
19. Disposition: Duty - Improved
20. Date of Disposition: Jan 14, 1943
21. Name of Hospital: Station Hospital, Fort Dix, N. J.
22. Sent with report of S. & W. for month of: Jan 1943 — 1077
23. JAMES A. BRUSSEL
MAJOR, M Medical Corps, U. S. Army.

Form 52
MEDICAL DEPARTMENT, U. S. A.
(Revised March 15, 1938)

16—16381

076 —
Harold
32484933
717th MP Bn
30
9/12
4 December 1943
Command
Pharyngitis, ac cat.
NOT REQUIRED
Disp. 717th MP Bn
Duty
6 December 1943
Disp. 717th MP Bn
December 1943

Form 55 C-1
Medical Department, U. S. Army
(Revised May 31, 1939)

PHYSICAL EXAMINATION

Name Weisberg, Harold Grade Pvt. Ward 50

Height: 5' 9" Normal weight: 190 Present weight: 217

Skin:

Clear - no lesions.

Head (including special senses, nose, mouth, throat, and pharynx):
Eyes - Stained with negative lenses. Eyes normal. No nystagmus.
Ears, Nose - grossly normal.
Mouth - Teeth good. Throat reddened - hypertrophied hyperplasia.

Neck:

No adenopathy or rigidity.

Thorax:

Normal

Lungs:

resonant & clear.

Vascular system (arterial and venous):

Normal.

Blood pressure: Systolic 130; diastolic 80

Heart:

No abnormalities noted

C

(OVER)

16—18816

PHYSICAL EXAMINATION

Abdomen:

normal

Hernia:

None

Genito-urinary:

normal

Anus and rectum:

normal

Glandular system (lymphatic and endocrine):

normal

Bones and joints:

normal

Muscular system:

normal

Nervous system:

normal

Date January 11, 19 43

Signature Audrey Nelson Name (typed) ..... Grade 1st Cl

16—18816

Form 55 B
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS PERSONAL HISTORY

Name Weisberg, Harold Grade Pvt. Ward 50

Chief complaint:

Cough, sore throat 7 days.

General appearance and condition on admission:

Good, not acutely ill. No cyanosis, jaundice or dyspnoea.

Occupation:

Writer

Tropical service:

None.

Habits (alcohol, tobacco, drugs):

Smokes about 30 cigarettes daily.

Family history:

Mo – LTW
F – LTW
Sib – 2 – LTW
Spouse – LTW
Progeny – 0

No history of C.D.

Previous personal history:

TTA — 22 years ago.
Left eye operation – (Squint) – 1937.

No other previous hospitalizations or operations.

Injuries:

None.

Venereal disease:

Denies.

HISTORY OF THE PRESENT ILLNESS

HPI

This patient was well until about one week ago at which time he developed a severely sore throat and cough. There have persisted and today temp. rose.

G. Cohen

Form 55 D
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED LABORATORY TESTS, AND CONSULTATIONS

Name Weisberg, Harold Grade Pvt. Ward 5 D

Transfer diagnosis:

URI.

Initial summary:

Sore throat + Cough about 7 days.
Chest clear.

Working diagnosis or impression:

Acute Pharyngitis.

Contemplated laboratory tests and special examinations:

H. Cohen.

16-18817

(OVER)

Form 55 A
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

CLINICAL RECORD
BRIEF

D-527

Co A, 1[illegible]

Register No. 594423 Hospital Station Ft. Dix, N.J.
Name Weisberg, Harold..... Serial No. 32484932
Grade Pvt. Co. ..... Regt. and Arm or Service .....
Age 29 Race White Nativity Pa.
Service 17/365 Date of admission 1/11/43 @1000, 19..
Source of admission Command
Station Ft. Dix, N.J.
Ward 50 Previous admission No
Religion H. Home address 313 H. N.W. Washington, D.C.
Name and address of nearest relative (Wife) Mrs. Lillian Weisberg same address

Lt. Snider /ss
(Initials of admitting officer)

Disposition Duty Date January 14, 1943

Final diagnosis:

Nasopharyngitis - acute, catarrhal.

Additional diagnoses (Complications, special treatment and operations):

None

Line of duty Yes.
Condition on completion of case Improved.
Transfer diagnosis confirmed or not confirmed Not Confirmed
Autopsy ——

Capt. Isadore J. Cohen
M. C.

Kivers

Chart TTN

16—18313

FINAL SUMMARY

1/14/43:

Patient healed for an acute nasopharyngitis symptomatically, recovered promptly and discharged to duty.

Lt. Cohen.

Form 55 F
Medical Department, U. S. Army
(Revised May 31, 1939)

PROGRESS NOTES

Name Weisberg, Harold Grade Pvt. Ward 50

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

1/3/43. Temp. is normal. General condition is good.

Cohen.

1/14 Recovered from naso-pharyngitis and discharged to duty.

Lt. Cohen.

(Use both sides of this sheet)

16—18818

Form 55 G-1
MEDICAL DEPARTMENT, U.S. ARMY
(Revised May 31, 1939)

TREATMENT

Name Weisberg, Harold Grade Pvt. Ward 50

Date	
1/11/43	Light diet
	Latrine privileges
	Hot Saline gargle q 2 hours.
	Iodine & Glycerin throat swab B.I.D.
	aspirin gr X } q 4 hours.
	Codeine gr 55 }
	Back Rubs.
	Urinalysis
	H. Cohen.

16—18819

(OVER)

Form 55 II-1
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Meisberg, Harold Grade Pvt. Ward 50

Date	A.M. T	A.M. P	A.M. R	P.M. T	P.M. P	P.M. R	St	Wt	Medication and Nurse's Notes
1-11-1943				100	90	22	10:15		Am. Pt. admitted to Wd. 50 – walking.
				99	88	20			T. 100 ± 90-22. Complains of
									Sore throat – difficulty in talking
									& apparent loss of voice.
									Has occasional productive cough.
							11:10		Saline gargle & Iodine & glycerine
									throat swab.
							11:20		Aspirin gr. X – Codeine gr. SS
1-11									Aspirin gr X } 9
									Cod. gr SS }
									Hot saline gargle
1-12	100	86	18	100	80	20			Hot saline gargle
	99	88	18						Iodine & glyc. throat swab – 9-5
									Aspirin gr X } 9-1-5
									Cod. Sulph. gr. SS }
									high diet
									Fluids forced.
									Routine privileges
									Hot saline gargle
									Milk of Magnesia ℥ I
									Aspirin gr X } 9
									Cod Sulph gr SS }
1-13	98.6	88	18	98.6	80	20			Throat still sore
									Iodine & glycerine throat
									swab – 9-5
									Aspirin gr X } 9-1-5
									Cod. sulphate gr SS }
									Fluids forced
									high diet
									Aspirin gr X } 9
									Cod Sulph gr SS }
									Iodine & Glycerine throat swab
1-14-43	98	82	20						Routine care. Aspirin gr X
									Iodine & glycerine – throat swab.

(Over)

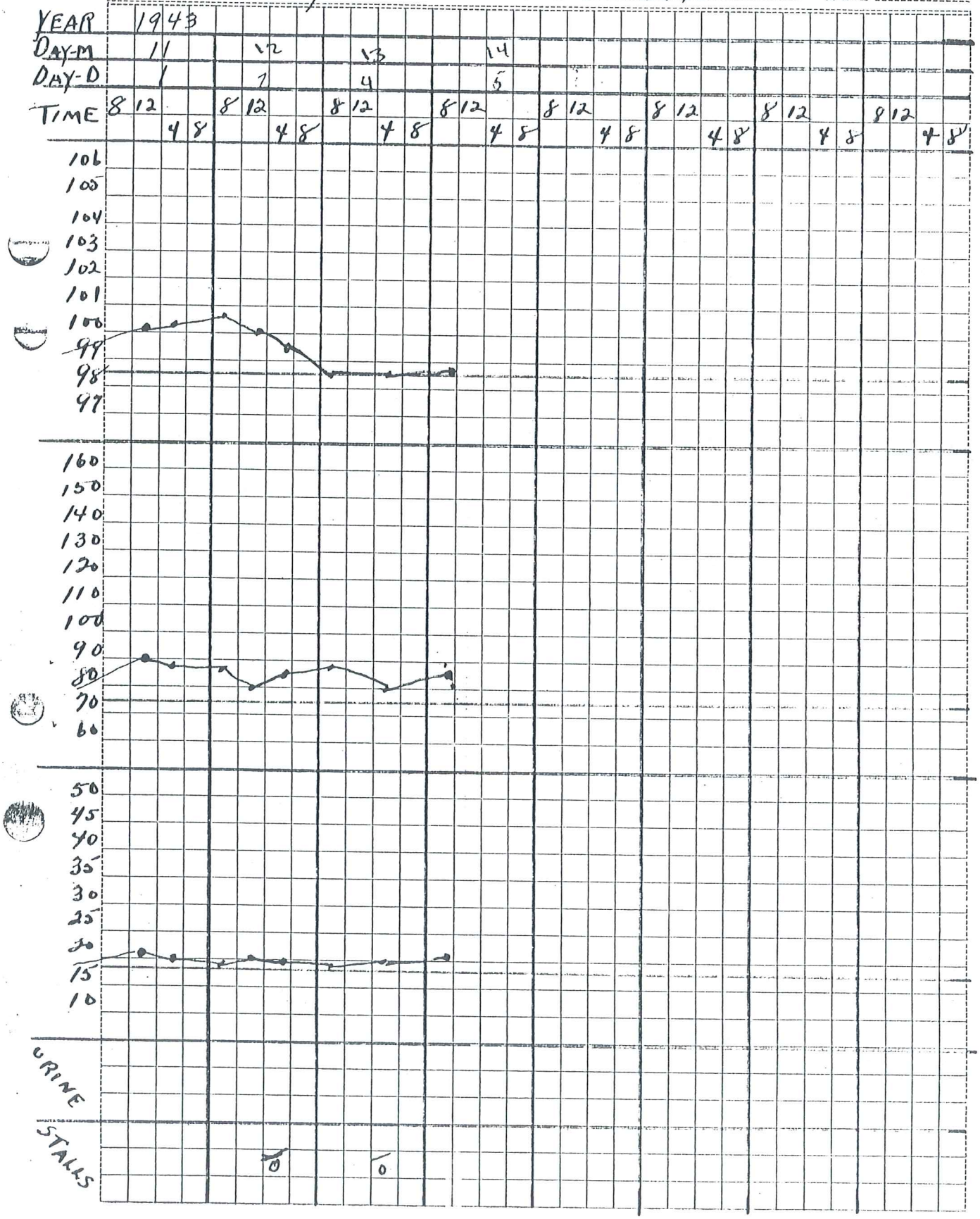
TEMPERATURE—TREATMENT—NURSE'S NOTES

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
1/14/45									Discharged to duty

Form 55 I
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

GRAPHIC CHART

Name Weisberg, Harold Grade Pvt. Ward 50



16—17035

Form 55 L
Medical Department, U. S. Army
(Revised May 31, 1939)

LABORATORY REPORTS

Name Weisberg, Harold Grade Pvt. Ward 50

Paste 3d report here ↑ and succeeding ones on above lines

Paste 2d report with top at this line ↑

Name Weisberg, Harold Rank Pvt. Ward 50
Hosp. Staffon Lab. Fort Dix

Color yellow Character clear Reaction acid
Sp. G. 1.018 Albumen NEGATIVE Sugar NEGATIVE

Acetone Diacetic acid Bile
Blood Indican Volume (24-hr.)

Microscopic NEGATIVE

Remarks Routine

Req. # 59423

M. C.

Form 55 L-5
Medical Department, U. S. Army
(Revised May 31, 1939)

URINALYSIS Date 1-12-1943

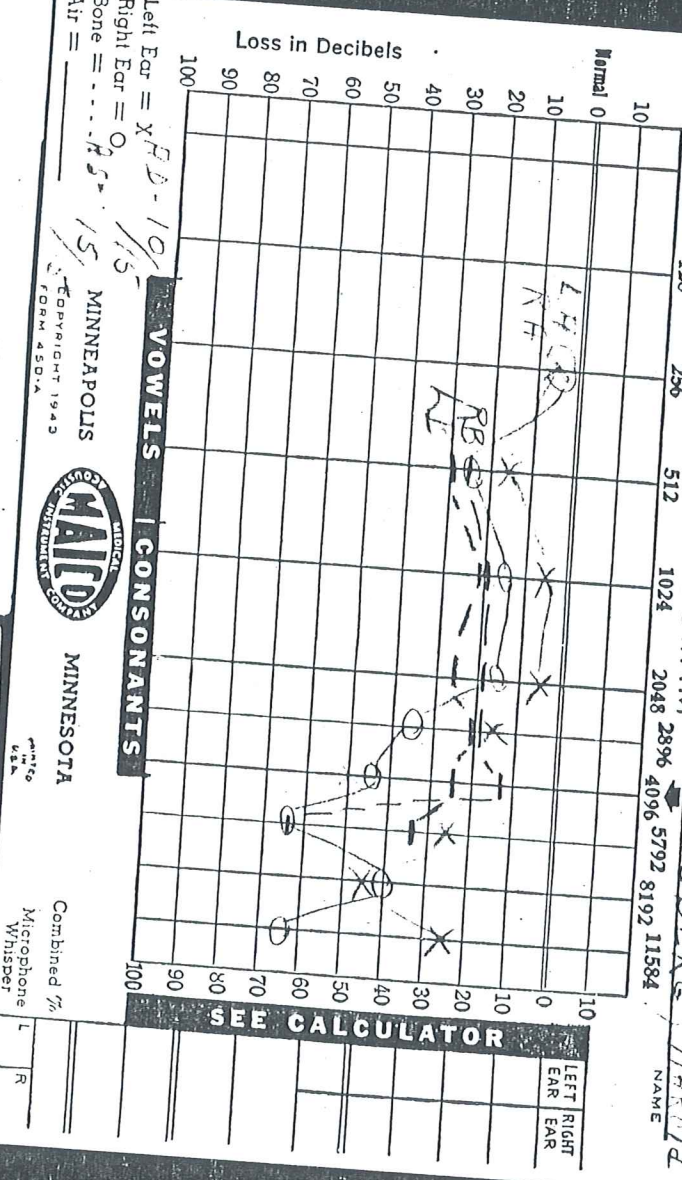
16—16969

2

16—18814

1 Overcoat O.D.
1 field Jacket
1 fatigue uniform.
1 Cotton undershirt
1 Cotton underdrawers.
1 fatigue hat.

[illegible]



1 overcoat O.D.
1 field Jacket
1 fatigue uniform
1 Cotton undershirt
1 Cotton underdrawers
1 fatigue hat.

[illegible]

Office Hours:
12 to 1 & 4:30 to 6:30
Sunday By Appointment

JEROME J. KRICK, M. D.
1701 SIXTEENTH STREET, N. W.
WASHINGTON, D. C.

Jan 9/43

Telephone
Dupont 1000
Reg. No. 335

Name Harold Weisberg Address 313 H Street N.W.

℞ seen by me this date - acute follicular pharyngitis - temp. 102 - pulse 110. He has been advised to remain in bed until 1/10/43 and return to camp - then report sick. I suggest that he be away from duty for about 5 days. He has been

REFILL
0-1-2

Patient's property Slip
Capital Hospital
Date 1/11/43
Name Weisberg, Harold.....
Room 2484932
Bed
Clothes
Cash
Valuables
Shoes
Shirts
Underwear
Other articles
Name of patient

Form 55 A
Medical Dept., U.S. Army
(Revised May 31, 1939)

DISEASE

322

CLINICAL RECORD
BRIEF

322

Register No. 211047 Hospital Walter Reed General Hospital
Name WEISBURG Harold Serial No. 32484933
Grade Pvt Co. BCPE Regt. & Arm or Service MP Bn
Age 31 Race W Nativity Pa (Seen by MOD 11:25 PM 22 Mar 44)
Service 1-3/12 yrs Date of admission 11:30 PM ~~23 March 44~~
Source of admission Admitted from pass (PATIENT'S STATEMENT) 22 MARCH 44
Station Baltimore Cargo Port of Embarkation Md
Ward 35-Med Previous admission no/rfc
Religion Jewish Home address 313 - H St., NW, Wash DC
Name & address of nearest relative Mrs. Lillian Weisburg, Wife, S/A.

D. M. Garland
D. M. Garland, 1st Lt, MC
(Initials of admitting officer)

Disposition Duty (Circular 293) Date [illegible], 19..

Final diagnosis: 1. Strain, lumbo-sacral and left sacro-iliac joint, severe, accidentally incurred while lifting an anchor in a boat in the summer of 1939 near Washington, D.C. EPTI 2. Pes planus, bilateral, second degree, symptomatic, cause undetermined. EPTI 3. Astigmatism, mixed, bilateral. Vision: O.D. 20/70, J-8; O.S. 20/200, J-8. Correctible to O.D. 20/30, O.S. 20/50. EPTI 4. Mumps, bilateral.

Additional diagnoses (complications, special treatment and operations);
5. 3-24-44: add diag Orchitis, acute, nonsuppurative, right, moderate, secondary to mumps. LOD- yes Cured: 1 apr 44.

6 May 44: Advanced Reconditioning Program.

Line of duty 1, 2, 3: No, EPTI. 4, 5: Yes.
Condition on completion of case 1, 2, 3: Unimproved. 4, 5: Cured.

Transfer diagnosis confirmed or not confirmed
Autopsy

I. B. Kemick
I. B. Kemick, Captain, M.C.

W.R.G.H.

LOANED TO VET. ADM

Form 55 F
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

PROGRESS NOTES

Name Weisburg, Harold Grade Pvt. Ward

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

6 May 44: Patient received at Beltsville this date to participate in advanced reconditioning program.

Fred S. Gachet
FRED S. GACHET, Major, M. C.

23 June 44: Patient has completed the advanced reconditioning program. No evidence of venereal diseases. Orders are requested this date for return to any duty of a nonstrenuous nature in which impaired vision would not prove hazardous to the individual or other members of his unit, excluding marching, drilling, calisthenics and long periods of standings.

Fred S. Gachet
FRED S. GACHET, Major, M. C.

(Use both sides of this sheet)

16—18818

Form 55 F
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

PROGRESS NOTES

Name MEISBURG, HAROLD Grade Pvt. Ward

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

FINAL SUMMARY
4 May 1944

This 31-year old Private was inducted into the Service on 18 December 1942. He was placed on limited service because of impaired vision and sacro-iliac strain. However, he has been doing M-P guard duty for one and three-twelfths years at the Baltimore Cargo Port of Embarkation, which duty has been unsatisfactory to this patient.

At 2300 on 22 March 1944 he was admitted to WRGH by the Medical Officer of the Day because of stiffness and soreness in the right jaw. At the time of admission there was swelling in the right jaw, and the patient had a fever of 100°. A diagnosis of mumps was made and the patient given supportive treatment for same. On 24 March 1944 he developed a painful swelling of the right testicle which slowly subsided. During his hospitalization he recounted his story of the lumbosacral strain which he had accidentally incurred as a civilian in 1939 while lifting an anchor in a boat near Washington, D. C. He was seen by an orthopedic consultant who felt that there was evidence of a lumbosacral and left sacro-iliac strain and also a bilateral second degree pes planus. He was given arch supports, metatarsal bars, and 3/16th of an inch medial heel raises for his [illegible]s. X-rays of the sacro-iliac and lumbosacral joints failed to reveal any abnormalities. Likewise he had gastric complaints, and a gastro-intestinal series was negative. A recheck of his vision revealed a fixed astigmatism with adequate glasses and duty was recommended.

Due to the fact that this patient has been doing Military Police duty for approximately a year and a quarter, and that this duty has been unsatisfactory, the patient was brought before a Disposition Board on 4 May 1944, and it was recommended that he be returned to duty of a non-strenuous nature excluding marching, drilling, standing for prolonged periods, and calisthenics. For final diagnosis, etc., see Form 55-A.

I. B. Kemick

I. B. Kemick, Captain, M.C.

(Use both sides of this sheet)

16—18818

TEMPERATURE—TREATMENT—NURSE'S NOTES

Weinberg

Date	A.M. T	A.M. P	A.M. R	P.M. T	P.M. P	P.M. R	St	Wt	Medication and Nurse's Notes
									To Xray for G.I. Series -
									2 P.M. for Lumbar Spine
4/6	98.6	108	22	99	82	20			Routine Care
4/7	98.6	88	20	Pass					Routine Care
4/8	Pass			Pass					
4/9	Pass			Pass					
4/10	99.2	96	20	98.8	92	18			Routine Care
4/11	98.2	94	20	99	92	18			Routine Care
4/12	99	86	20	99	90	20			Routine Care
4/13	98.6	92	20	PASS					Routine care
4/14	Pass			Pass					Dr Pass
4-16	Pass			pass					Pass -
4-17	Pass			99	80	20			
4-18									Tran to room Section

R.N. 211047

Form 55 H-1
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Wesberg, Harold Grade Pvt Ward 35

Date 1944	A.M. T	A.M. P	A.M. R	P.M. T	P.M. P	P.M. R	St	Wt	Medication and Nurse's Notes
3/22				100.6	112	22			Ambulatory pt. adm. to ward 11:45.
									Diag. Mumps & orchitis.
									Scrotal support.
									Slept well.
3/23	98.4	80	20	101.2	80	20			Routine care.
				101.8	88	20			
3/24	99	80	18	100.4	88	18			Routine Care
3/25	100.8	86	20	101.8	86	24			Routine Care
				100.2	90	24			C.A.P. # 10 P.M.
3/26	99.4	88	20	102.6	86	20			Routine care. - Ice bag
									to scrotum. C.A.P. #
									q. 4 h. P.R.N.
				101.8	88	20			Ice Cap to scrotum CAP # 10 P.M.
3/27	103.6	100	30	102.2	86	22			C.A.P. - P.R.N. - q. 4 h.
									Ice cap to scrotum
									Routine Care
				100.6	80	20			Ice Cap to scrotum.
									Sod. Amytal gr. iii 10 P.M.
3/28	99.6	72	20	98.6	74	18			Routine Care CAP gr. ii P.R.N.
									Ice Cap to Scrotum
									Sod. Amytal gr. iii 10 P.M.
3/29	97.2	70	20	98	70	18			CAP #
									Sod. Amytal gr. iii 10 P.M.
3-30-44	99	68	18	98.6	80	18			Routine Care
									C.A.P. # 10 P.M.
3/31	98.2	80	20	98	76	18			out of Isolation - Routine Care.
~~4/1/44~~	~~98~~								CAP # 10 P.M.
4/1/44	98	92	18						Routine care
4/2	98.2	76	20	Pass					Routine Care
4/3	Pass			98	84	20			
4/4	98.6	100	20	98.6	82	18			Routine Care
									Washing by mouth after medicine.
4/5	98.6	88	22	98.7	102	20			Routine Care

W.H.C.H.

16—19306

(Over)

1 P.M.

Form 55 E-1
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

CONSULTATION REQUEST AND REPORT

Name Weisberg, Harold Grade Pvt Ward 35

ORTHOPEDIC

Date 31 March, 1944

Consultation requested because of pain in back

Provisional diagnosis lumbo-sacral strain.

Routine.
~~xEmergenxx~~

J. Liebmann
J. Liebmann, Capt, M. C.

Date 31 March, 1944

Office, Chief of Medical Service.

To Chief of Surgical Service.

Approved.
~~Disapproved.~~

~~J. Murray Kinnaman Major, M. C.~~ M. C.

Date 1 April, 1944

Office, Chief of Surgical Service.

To Capt Tanner

For consultation.

B. B. Sledes Maj
M. C.

Date 4-3-44, 19

Opinion of consultant: Patient injured his back in 1939 when he was lifting an anchor in a boat. He has had lumbo-sacral and left sacro-iliac pain since then intermittently. This has been much better since he has been resting in the hospital.

Examination shows slight tenderness over lumbo-sacral region. Straight leg raising is positive on the left at 90 degrees. Motion is good in all directions. He also has a Pes Planus 2 degrees symptomatic.

He has been given an order for arch supports, metatarsal bars, and three sixteenth inch medial heel raises. Advise AP and lateral x-rays of the lumbo-sacral region. Also advise putting boards under patients bed.

W.R.G.H.

Hal Windham
Hal Windham Capt. M. C.

(OVER)

16-18820

Form 55 E-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

211047

OPHTHALMOLOGIC EXAMINATION

Name Weisberg, Harold Grade Pvt Ward 35-60

Complaint: Date 4 April, 1944 Age 31

Says he needs glasses.

J. Liebmann, Capt, M. C.

SUBJECTIVE FINDINGS:

Vision without correction

Far: O. D. 20-70; O. S. 20-200

Near: O. D. J-8; O. S. J-8

Present correction and vision

O. D. ____ S ____ c, x ____ ° ____

O. S. ____ S ____ c, x ____ ° ____

Retinoscopy

O. D. ____ S ____ c, x ____ ° ____

O. S. ____ S ____ c, x ____ ° ____

Correction prescribed

Far: O. D. -0.25 S ⊥ 2.00 c, x 90 ° 20-30

O. S. -1.75 S ⊥ 4.00 c, x 100 ° 20-50

Near: O. D. ____ S ____ c, x ____ ° ____

O. S. ____ S ____ c, x ____ ° ____

Muscle balance ____

Associated parallel movements ____

Tangent curtain findings ____

Color vision ____

OBJECTIVE FINDINGS:

Tension: O. D. ____ mm. O. S. ____ mm.

External examination: Left eye fixes straight and then wanders out. Nystagmus in lateral directions.

Media and fundus:

Negative.

Diagnosis and recommendations: Astigmatism, mixed, moderate, bilateral.. Present glasses adequate, can do duty...

W. D. Irwin, Capt.. M. C.

(OVER)

16—16935

Form 55 E-3
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

EAR, NOSE, AND THROAT EXAMINATION

Name Harold Weisberg Grade Pvt. Ward RS

Date 13 June 1944, 19 Age

Diagnosis

Examination is requested as checked below:

M. C., Ward Officer.

Symptoms referable to E. N. T.:

For physical profile serial.

EXAMINATION:

Nose:

Sinuses, transillumination, frontals { R / L } Antra { R / L }

Pharynx:

Larynx:

Ears:

Hearing:	Low conversational voice	Watch	Audiometer
A. D.	10/15		
A. S.	10/15		

DIAGNOSIS:

Treatment and recommendations:

Jn. Kellman Capt.
M. C.

(OVER)

16—17534

Form 55 E-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

OPHTHALMOLOGIC EXAMINATION

Name Harold Weisberg Grade Pvt. Ward ~~12~~ HS

Complaint: Date 13 June 1944, 19 Age

For physical profile serial.

M. C.

SUBJECTIVE FINDINGS:

Vision without correction

Far: O. D. 20/100 O. S. 20/200

Near: O. D. O. S.

Present correction and vision

O. D. -1.75 S +2.50 c, x 90° 20/40

O. S. -2.75 S +2.50 c, x 90° 20/70

Retinoscopy

O. D. S c, x °

O. S. S c, x °

Correction prescribed

Far: O. D. S c, x °

O. S. S c, x °

Near: O. D. S c, x °

O. S. S c, x °

Muscle balance

Associated parallel movements

Tangent curtain findings

Color vision

OBJECTIVE FINDINGS: Tension: O. D. mm. O. S. mm.

External examination:

Media and fundus:

Diagnosis and recommendations: for refraction

M. C.

(OVER)

V.R.G.H.

16—16355

Form 55 E-3
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

EAR, NOSE, AND THROAT EXAMINATION

Name Weisberg, Harold Grade Pvt. Ward 35

Date 5 April, 19 54 Age 31

Diagnosis Mumps, recovered.

Examination is requested as checked below:

J. Liebmann, Capt. M. C., Ward Officer.

Symptoms referable to E. N. T.:
Mumps 2 weeks ago. Occasional attacks of sinusitis for several years. Accompanied with headache and post nasal discharge.

EXAMINATION:

Nose: No obstruction or discharge.

Sinuses, transillumination, frontals { R Poor / L Poor } Antra { R Poor / L Poor }

Pharynx: Post nasal discharge.

Larynx:

Ears: Canals and tympanic membranes normal.

Hearing:	Low conversational voice	Watch	Audiometer
A. D.	10/15		
A. S.	15/15		

DIAGNOSIS:

Treatment and recommendations:

J.W. Youngblood
1st. Lt. J.W. Youngblood M. C.

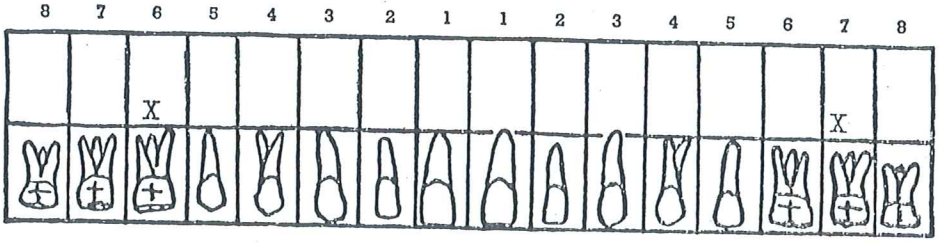
W.R.G.H.

(OVER)

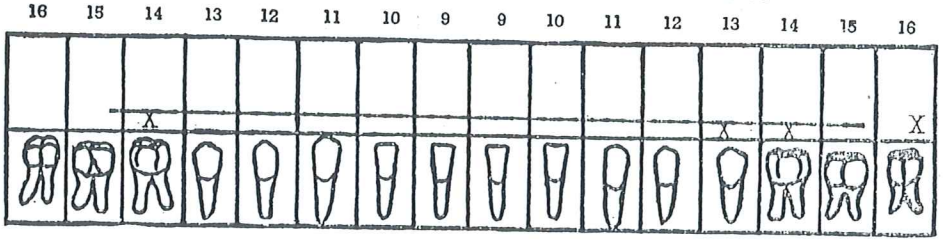
16—17634

REPORT OF DENTAL SURVEY*

UPPER TEETH



LOWER TEETH



CLASS IV

Occlusion Fair

Calculus: Slight X Medium ____ Heavy ____

Peridontoclasia Slight to Medium

Dental foci suspected: Yes ____ No ____

Other conditions:

Lower partial denture satisfactory

O.C.Tidwell, Captain D. C.

*Indicate:

Restorable teeth, carious by [O]

Nonrestorable teeth, carious by [/]

Missing natural teeth by [X]

Teeth replaced by denture (horizontal line) [X X X]

Teeth replaced by fixed bridge (oval to include abutments) [(X)]

16—17535

Form 55 E-4
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

DENTAL EXAMINATION

Name Weisberg Harold Grade Pvt Ward 60

Age 31 Color White Date 21st April, 1944

Referred for:

1. Dental treatment. Routine [X] Emergency [ ]
2. Elimination of dental foci. [ ]
3. If special examination for focal infection and report only is desired, check here. [ ]
4. In hospital for dental treatment only. [ ]
5. Probable period of hospitalization—weeks. [ ]
6. Infectious lues? [ ]

Medical diagnosis:

Remarks:

M. C.

Findings:

Date 21st April, 1944

No treatment indicated at this time

O.C. Tidwell

O.C.Tidwell, Captain D. C.

16—17535

(OVER)

Form 55 E-1
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

Reg # 311047

CONSULTATION REQUEST AND REPORT

Name Weisberg, Harold Grade Pvt. Ward RS

SURGICAL

Date 22 May 1944, 19

Consultation requested because of Removal of imbedded splinter, left ring finger.

Provisional diagnosis

Routine.
~~Emergency~~

Fred S. Gachet.
FRED S. GACHET, Major, M. C.

Date ....., 19	Date 24 May, 1944
Office, Chief of ..... Service.	Office, Chief of Surgical Service.
To Chief of ..... Service.	To Capt Hamilton
Approved.	For consultation.
Disapproved.	
M. C.	M. C.

Date 26 May, 1944

Opinion of consultant:

C.C. Splinter in finger.

P.I. Several months ago this pt. ran a splinter in the end of his right ring finger. On two occasions unsuccessful attempts to remove it have been made.

P.E. There is a palpable mass in the anterior part of the right ring finger tip.

Rx. Under local anesthesia, a small incision was made over the medial end of the mass. The splinter was removed and adhesive was applied.

R C Ward
M. C.

(OVER)

16—18820

Form 55 A-1
MEDICAL DEPARTMENT, U. S. ARMY
(Authorized Dec. 31, 1942)

ABBREVIATED CLINICAL RECORD

Name Weisburg, Harold Grade Pvt Ward 35

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

Past and family histories not relevant to the present illness. He was well until 3 days ago when he first noted som stiffness and soreness in the right jaw. He paid no attention to thid and on the folowing day noted that the jaw was somewhat swollen and the soreness had incressed. Yesterday the swelling had increased and he reported to sick call and was sent to the hospital last night. Slight nausea yesterday and felt feverish and chilly. No pain in lower abdomen or genitalia.

Complete physical examination is negative except for the following:

Well developed and well nourished rather large white male. Age 31 years. Not acutely ill. The examination is essentially normal except for some bilateral parotid swelng - over both parotids there is unifrom, non-tender swelling. External genialia normal. Abdomen normal. BP 130/72mm.

Impression Mumps, bilateral.

WLNalls.

3/24/44 Now has painful swelling of right testicle.

Progress:

(Use both sides of this sheet)

16—32780-1

W.R.G.H.

TEMPERATURE—TREATMENT—NURSE'S NOTES

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			

LABORATORY REPORTS

Pt. on Wd. 35

Name WEISBERG, Harold Rank Pvt. Ward ENT Age 31

Part to be examined (or treated) X-ray of sinuses. ~ Clearance

Clinical diagnosis (include operations)

Send films to ENT Clinic

Date 9th April, 1944, 19

J. W. Youngblood, 1st. Lt. M. C.

Hospital Film No.

Sinuses appear normal.

4/14/44

A. O. Hampton, Lt. Col.

M. C.

Form 55 K-2
Medical Department, U. S. Army
(Revised May 31, 1930)

RADIOLOGIC REPORT

Date

GPO 16—16894

Date, 19

GPO 16—16894

GPO 16—16894

W.R.S.H.
W.R.S.H.
W.R.S.H.

TEMPERATURE—TREATMENT—NURSE'S NOTES

Date	A. M.			P. M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			

Name Wesley Fitzgerald Serial No. ..... Rank ..... M.C.
Station W.R.A.D. Ward 25
Examination requested by ..... M. C.

INDICATE EXAMINATION REQUESTED BY CHECK (✓) BELOW

Color straw Character clear Reaction acid
Sp. G. 1.011 Albumen neg Sugar neg
Acetone ..... Diacetic acid ..... Bile .....
Blood ..... Indican ..... Volume (24-hr.) .....
Microscopic .....
occ wbc
Lab. .....
Remarks .....

..... M. C.

Form 55 L.S.
Medical Department, U. S. Army
(Revised June 9, 1942)

URINALYSIS Date 2-22-44

☆ GPO 16—16960-2

TEMPERATURE—TREATMENT—NURSE'S NOTES

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			

Name Mirsburg Harold Serial No. Rank

Station W.R.G.H. Ward 35

Examination requested by M.C.

Indicate Examination Requested by check (✓) below

✓ R. B. C. 5,350,000 ✓ W. B. C. 8,800 ✓ Hb. 85

DIFFERENTIAL: Neutrophiles 66 Lymphocytes 26

Monocytes 8 Eosinophiles Basophiles

Reticulocytes Platelets Color index

R. B. C. morphology

Parasites

Clotting time Bleeding time

Sedimentation rate Hematocrit

Remarks

Lab. 84 MAR 1942

Form 55 L-1 117

Medical Dept., U.S. Army BLOOD Date 2-22-44

(Revised Dec. 23, 1942) W.R.G.H.

FORM 55 L-2

MEDICAL DEPARTMENT, U.S. ARMY

(Revised June 9, 1942)

URINALYSIS Date 2-22-44 M. C.

☆ GPO 16—16969-2

TEMPERATURE—TREATMENT—NURSE'S NOTES

Date	A. M.			P. M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			

Ward 3

Part to Meisberg, Harold Rank Pvt. Fuses

Part to be examined (or treated) G. I. Series

Clinical diagnosis (include operations) ? Ulcer

Date 3/31/44, 19

Capt. Seltman M. C.

Hospital A 36154 Film No.

Upper G. I. tract appeared normal.

4/6/44 2-8 4-10 fn

G. M. Hyatt, Capt.

M. C.

Form 55 K-2
Medical Department, U. S. Army
(Revised May 31, 1930)

RADIOLOGIC REPORT

Date, 19

GPO 16—16834

TEMPERATURE—TREATMENT—NURSE'S NOTES

Date	A. M.			P. M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			

Name [illegible] Harold Rank SUT Ward 35 Age 21

Part to be examined (or treated) Lumbo-sacral spine

Clinical diagnosis (include operations) Low back pain

Date April 4, 1944

J. Lehmann Capt. M. C.

Hospital [illegible] 36154 Film No.

Lumbo-sacral spine is partially obscured by barium in the terminal ileum and colon. It appears normal in so far as it can be seen.

4/6/44

G. M. Wyatt, Capt.

M. C.

Form 55 K-2
Medical Department, U. S. Army
(Revised May 31, 1939)

W.R.G.H.

RADIOLOGIC REPORT

Date ....., 19....

GPO 16—16504

GPO 16—16504